

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					51						
102		1					52						
103		1					53						
104		1					54						
105		1					55						
106		1					56						
107		1					57						
108		1					58						
109		1					59						
110		1					60						
111		1					61						
112		1					62						
113		1					63						
114		1					64						
115		1					65						
116		1					66						
117		1					67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10	1					TOTAL IND.						
TOTAL DEP.	108						TOTAL DEP.						
TOTAL CLAIMS	117						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5	/						55		/				
6		/					56		/				
7		/					57		/				
8	/						58		/				
9		/					59	/					
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16	/						66		/				
17	/	/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71	/					
22		/					72		/				
23		/					73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81	/	/				
32		/					82		/				
33		/					83		/				
34		/					84		/				
35		/					85		/				
36	/						86		/				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98		/				
49	/						99	/					
50		/					100		/				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

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